



The Law:

- In June, 1988, Arizona legislature directed the Department of Health Services (ADHS) to write rules mandating the reporting of all cancer cases.
- These rules became effective January 1, 1992.
- Arizona Revised Statute §36-133 details the rules governing the reporting of cancer in Arizona.
 - www.azleg.state.az.us







In general, all cancer cases are reportable to the Arizona Cancer Registry (ACR).

 Patients with active* disease, diagnosed with, or receiving, cancer-directed treatment seen as an inpatient, outpatient (or other) at a healthcare facility are to be reported to the ACR.

*Disease *must be "active,"* not a "history of" or "in remission."





- An exception to the term "in remission" is Chronic Lymphocytic Leukemia. "Chronic" indicates the leukemia is always present, even if in remission
- Some select brain conditions are reportable (more information later in presentation).





Also reportable:

 are patients seen at your facility who have known clinical evidence of cancer who are at your facility for supportive or symptomatic care, or for other reasons.



Initial diagnosis

- When a cancer case is initially diagnosed and/or treated, an abstract is completed.
 - An abstract is a summary of pertinent data about the patient, the cancer, and the management of the patient's case (more on that in "Abstracting" presentation).



Subsequent

- Subsequent admissions for the same primary site constitute "followup."
 - Subsequent treatment (also called second course treatment) information is *not* collected by ACR.
- These admissions are screened for recurrence and additional treatment information. The data is updated accordingly.



What is reportable?

- Reportable neoplasms, as defined by their behavior codes, include most cancers and some benign tumors.
- The ACR defines a reportable neoplasm as any neoplasm with a morphology behavior code of /2 or higher*. Refer to FORDS p. 94

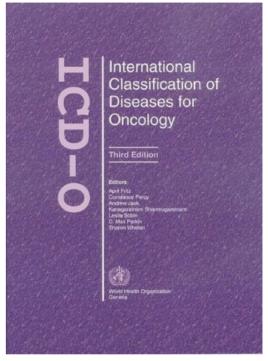


 Exception: benign brain, CNS, pituitary and pineal gland cancers, including Craniopharyngeal duct (FORDS p. 4 *6).



Behavior codes – reference source:

The ICD-O texts are used to establish the list of reportable neoplasms.



The edition you use, will depend on the date of diagnosis.



- "Behavior code" refers to the fifth digit of the morphology codes.
 - It indicates the presence or absence of malignant behavior of the neoplasm.



5th digit behavior codes:

/0	benign
/1	uncertain whether benign or malignant;
	borderline malignancy
/2	carcinoma in-situ (non-invasive)
/3	malignant, primary site
/6	malignant, metastatic site*
/9	malignant, uncertain whether primary or met. site.*

^{*} Not used by cancer registries.



Of course... there are exceptions!

Lesions with a morphology behavior code of /0 or /1 become reportable when a pathologist verifies the tumor as being /2 in-situ or /3 malignant.



more exceptions...

 As mentioned earlier, benign brain and CNS malignancies have always been reportable, pituitary and pineal gland tumors are reportable (as of 2001), even though they have a behavior code of /0 or /1. FORDS p. 95 (*121)

 Carcinoma in-situ (CIS) of the cervix is not reportable as of January 1, 1994.



 Basal and squamous cell carcinomas (BCC and SCC) of the skin with regional or distant spread at the time of diagnosis through 12/31/2002 were reportable to the ACR. Cases diagnosed after 1/1/2003 are not reportable.





Clarification of skin cancer -

- BCC & SCC of the mucous membranes of the lip, eyelid and nose are reportable.
 - Code them to the *mucosa* of the site, not the skin.
- The case is reported when the skin of the external genitalia, such as the prepuce, penis, scrotum, vulva, labia or clitoris is involved.

continued...



 All other malignant tumors of the skin, such as adnexal carcinomas, adenocarcinomas, lymphomas, melanomas, sarcomas, lentigo maligna, and Merkel cell tumors are reportable regardless of the site where they occur.





Class of case, as related to reportability

- All cancer cases are classified with regard to how a facility was involved in a patient's care:
 - Analytic and non-analytic cases.(FORDS p. 3)



Analytic cases

0	Your facility made the diagnosis only
1	Your facility diagnosed and treated
2	Your facility treated only
	(1st course tx only)

Non-analytic cases

3	Diagnosis/initial tx elsewhere (prior)
4	Diagnosis/initial treatment at your facility prior to your registry reference date



More exceptions...

In general, a class of case 3 means a patient was seen at your facility with evidence of cancer, but since the patient has already been diagnosed/treated elsewhere, the case may not need to be abstracted at your facility because it has already been reported from elsewhere in the state. However...



- If no other facility has reported this patient's case, the facility needs to report it.
- If there is additional information in the chart that the ACR does not have (such as recurrence or first course treatment), the facility needs to report the case.



Making a determination

- How to decide if a non-analytic case needs to be reported:
 - 1. Complete a non-analytic tracking form.
 - 2. Send it to the ACR and await an answer.
 - 3. If told to report the case, abstract it.
 - 4. If told not to report the case, make a note on the disease index or path report (or both) and do not abstract the case.



Specific exceptions:

Consultations

- If a patient is seen in consultation and the previous diagnosis is changed because of a more definitive test, the case is reportable as a non-analytic case.
- If a patient is seen in consultation and the diagnosis does not change, the case is not reportable.



(Consultations, continued)

 All cases become reportable in Arizona if a treatment plan is developed at the reporting facility. FORDS p. 4.

Transient care

 Patients receiving transient care in order to prevent interruption of the first course of treatment are not reportable.



Terminal supportive care and hospice*

 Patients receiving terminal supportive care, including home care services, and patients admitted to hospice are reportable if not previously reported to the ACR.

* If the hospice is "part of" (owned by) a larger hospital, they will report to the ACR.



History of disease

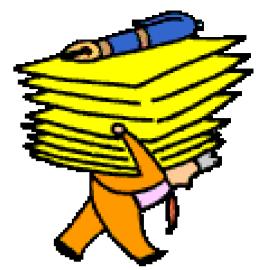
 Again, patients with a history of disease who have no current evidence of disease are not reportable.



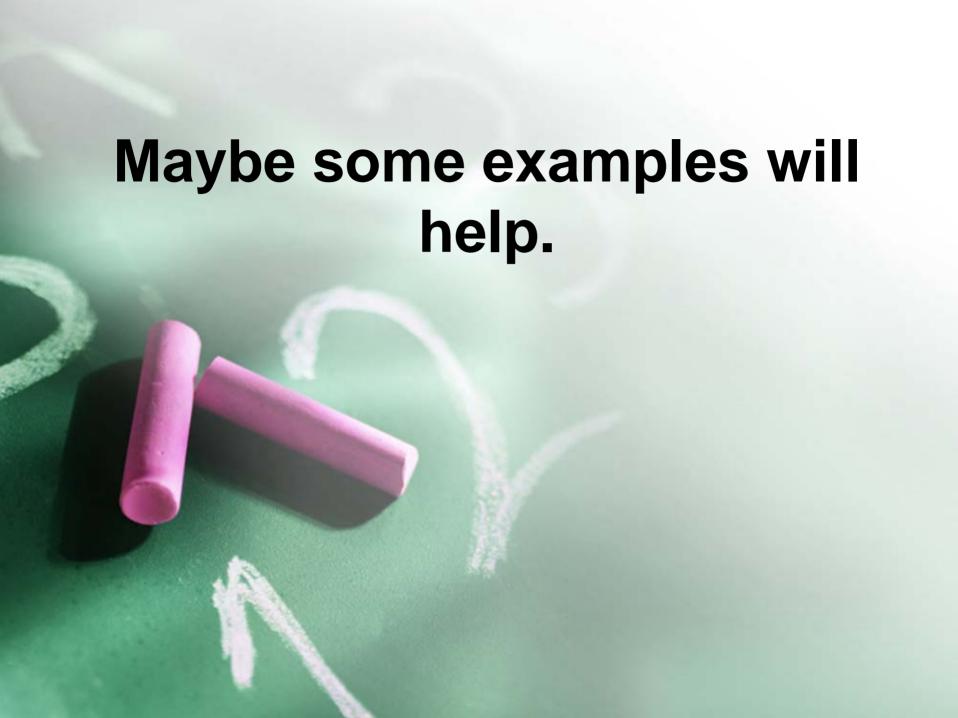


Overwhelmed?

 As you can see, there are a lot of exceptions.



- Refer to the ACR Coding Handbook (FORDS) to help in determining reportability.
- When in doubt, call the ACR.





 Patient is diagnosed at the physician's office with cancer.
 Because of the patient's advanced age and widespread disease, the patient refuses any further evaluation or treatment.

Reportable or not?

If so, who reports it?

Advance to next slide for answer.



1. ANSWER

This case IS reportable - by the doctor's office.



2. The patient was diagnosed with active cancer at a physician's office and comes to your radiation clinic to receive treatment.

Reportable or not?

If so, who reports it?

Advance to next slide for answer.



2. ANSWER

This case IS reportable – by the radiation clinic.



3. The patient has active disease diagnosed in January of 1992, but comes into your hospital for an unrelated problem, you do not diagnose or treat the patient's cancer.

Reportable or not?

If so, who reports it?

Advance to next slide for answer.



3. ANSWER

This case IS reportable – if not already reported.

This would be a non-analytic case – need to check with ACR to determine reportability – if told to report, go ahead and abstract the case – if not, indicate "not reportable" on non-analytic list.



4. The patient is at a free-standing facility for radiation treatment after having had a modified radical mastectomy for breast cancer at a hospital in Arizona.

Reportable or not?

If so, who reports it?

Advance to next slide for answer.



This case is NOT reportable by the free-standing clinic.

However, it IS reportable by the hospital that performed the modified radical mastectomy.



5. The patient is at the physician's office, clinic or hospital and has a history of cancer. There is no evidence of disease at the current time.

Reportable or not?

If so, who reports it?



This case is NOT reportable.

A history of disease, with no current evidence of active disease, is not reportable.



6. The patient is receiving transient care at a physician's office, clinic or hospital in Tucson to avoid interrupting a course of therapy initiated in Colorado.

Reportable or not?

If so, who reports it?



This case is NOT reportable.

This is considered "transient care" and is not reportable to the ACR.



7. The patient was diagnosed with carcinoma in-situ of the cervix at your hospital in February 2004, and continues to be followed by you.

Reportable or not?

If so, who reports it?



This case is NOT reportable.

Carcinoma in-situ of the cervix (CIS) is not reportable to the ACR after 1/1/1994.



8. If a patient went to one clinic, and then went to a radiation treatment center for cancer directed therapy...who reports the case?



Both are required to report it.

However, in this situation, the facility could work out a standard agreement whereby one or the other would pick up the case.

If this is done, the ACR would need a copy of the written agreement for our records, and know who to contact for follow-up.



9. Some clinics allow physicians who are not on staff to perform surgeries at their clinic...

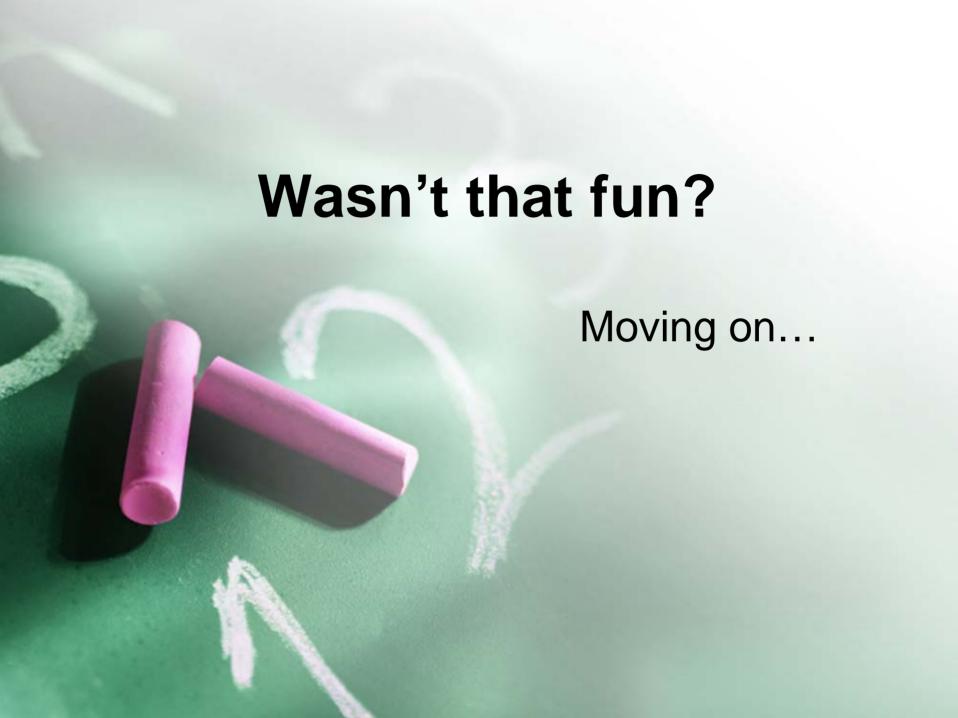
The clinic never sees the pathology report nor do they have any information about the patient and their diagnosis and/or treatment.

Does a clinic need to pick up these cases?



NO, the clinic does not need to report this case.

When this occurs, the physician is responsible for reporting the case.





Ambiguous terms

Ambiguous terms "are doubtful or uncertain, particularly in respect to significance; capable of being understood in either of two or more senses; equivocal; as, an ambiguous course; an ambiguous expression."





- Ambiguous terms are often used to describe a tumor when the behavior is uncertain.
 - This usually occurs when there is no histologic diagnosis.
- This often presents problems in determining whether a case is reportable or not.

Refer to FORDS p. 3.



Examples...

- Terms that constitute a diagnosis:
 - apparently
 - appears to
 - compatible with
 - consistent with
 - comparable to
 - favor(s)
 - malignant appearing
 - most likely
 - presumed
 - probable
 - suspect(ed)
 - suspicious*
 - typical of



* Exception to ambiguous terms:

If a cytology is reported as being "suspicious," do not interpret it as a diagnosis of cancer. Abstract the case only if there is a positive tissue biopsy or a physician's clinical impression of cancer supporting the cytology findings.



Examples...

- Terms that do not constitute a diagnosis:
 - cannot be ruled out
 - equivocal
 - possible
 - potentially malignant
 - questionable
 - suggests
 - worrisome
 - rule out





Be Aware...

 Any of the preceding "nondiagnostic" (ambiguous) terms should be abstracted if cancerdirected treatment is given or at the discretion of the attending physician.



Summary

- To determine if a case needs to be reported:
 - 1st determine if the case is reportable using ACR guidelines. When in doubt, ask the physician.
 - 2nd determine who bears the responsibility for reporting the patient's case.



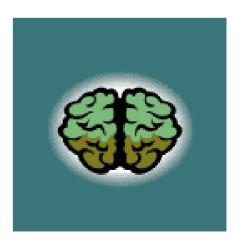


 A good "rule of thumb" is to ask yourself –

Do I know something about the patient's cancer and treatment no one else knows, and will not otherwise be reported to the ACR?



- Cases to be reported are:
 - Lesions with a behavior code of /2 or /3 and higher.
 - Benign brain, CNS, pituitary and pineal gland tumors, including Craniopharyngeal duct (FORDS p. 4 *6).





- Cases not to be reported:
 - All basal and squamous cell carcinomas of the skin (after 1/1/2003).
 - Carcinoma in-situ of cervix (after 12/31/1994).

Be sure to refer to the ACR Coding Handbook (FORDS) for exceptions.





10. 3/5/2001 CT Scan of Chest reveals possible bronchogenic carcinoma.

Reportable or not?



This case is NOT reportable.

"Possible" does not constitute a diagnosis.



11. 3/21/1998 Chest x-ray shows there is a 2.4 cm mass in the right upper lobe of lung, suspect neoplasm.

Reportable or not?



This case is NOT reportable.

Although the term "suspect" is considered involvement, the terms "neoplasm" and "tumor" do not constitute a positive diagnosis.



12. 3/2/2000 Bone scan: probable osseous metastasis.

Reportable or not?



This case IS reportable.

"Probable" is a definitive term constituting involvement.



13. 3/18/2002 Abdominal scan pelvic CT: differential diagnosis is metastatic disease of unknown primary – vs – lymphoma.

Reportable or not?



This case IS reportable.

Both unknown primary and lymphoma are reportable malignancies.



14. 4/21/1999 CXR: impression, bronchogenic carcinoma. Fine needle aspirate, followed by biopsy, reveal no evidence of malignancy.

Reportable or not?



This case is NOT reportable.

There is no evidence of disease.



